

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2927

CERTIFICATE OF DEATH

02905

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Harford</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Belair</u>		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Fallston Rd.</u>		d. STREET ADDRESS <u>Fallston Rd.</u>	
3. NAME OF DECEASED (Type or print) <u>Lenora</u> First <u>Louise</u> Middle <u>Ackerman</u> Last		4. DATE OF DEATH Month <u>MARCH</u> Day <u>27</u> Year <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 10, 1889</u>
9. AGE (In years last birthday) <u>66</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Louis Ackerman</u>		14. MOTHER'S MAIDEN NAME <u>Mary Corbin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-07-8938</u>	
17. INFORMANT Address <u>Mrs. Fern F. McAfee</u> <u>Fallston, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CARDIO-RESPIRATORY FAILURE</u> <u>420.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>ARTERIO SCLEROSIS + ANGINA</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>10 MINUTES</u> <u>56 YRS</u>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>23 MARCH</u> 19 <u>56</u> , and that death occurred at <u>5:45 P. M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>H. A. Sidwell M.D.</u> M.D. ADDRESS (Street, city or town, state) <u>Bel Air, Md.</u> DATE SIGNED <u>28 MAR 56</u>			
PHYSICIAN'S NAME (Type) <u>H. A. SIDWELL M.D.</u> <u>Harold C Palmer M.D.</u> D. Deputy Medical Examiner <u>Harford County</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3-29-56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Lorraine</u>		22d. LOCATION (City, town, or county) (State) <u>Balto, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lorraine Funeral Home</u> <u>7401 Belair Rd.</u>		24a. REC'D BY REGISTRAR <u>April 3, 1956</u>	
		24b. REGISTRAR'S SIGNATURE <u>Priscilla Lowndes</u>	

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of medical examiner	
13. Signature of funeral director		14. Signature of health officer		15. Signature of coroner	
16. Signature of justice of the peace		17. Signature of clerk		18. Signature of auditor	
19. Signature of treasurer		20. Signature of assessor		21. Signature of collector	
22. Signature of sheriff		23. Signature of constable		24. Signature of marshal	
25. Signature of judge		26. Signature of clerk of court		27. Signature of jury	
28. Signature of witness		29. Signature of juror		30. Signature of juror	
31. Signature of juror		32. Signature of juror		33. Signature of juror	
34. Signature of juror		35. Signature of juror		36. Signature of juror	
37. Signature of juror		38. Signature of juror		39. Signature of juror	
40. Signature of juror		41. Signature of juror		42. Signature of juror	
43. Signature of juror		44. Signature of juror		45. Signature of juror	
46. Signature of juror		47. Signature of juror		48. Signature of juror	
49. Signature of juror		50. Signature of juror		51. Signature of juror	
52. Signature of juror		53. Signature of juror		54. Signature of juror	
55. Signature of juror		56. Signature of juror		57. Signature of juror	
58. Signature of juror		59. Signature of juror		60. Signature of juror	
61. Signature of juror		62. Signature of juror		63. Signature of juror	
64. Signature of juror		65. Signature of juror		66. Signature of juror	
67. Signature of juror		68. Signature of juror		69. Signature of juror	
70. Signature of juror		71. Signature of juror		72. Signature of juror	
73. Signature of juror		74. Signature of juror		75. Signature of juror	
76. Signature of juror		77. Signature of juror		78. Signature of juror	
79. Signature of juror		80. Signature of juror		81. Signature of juror	
82. Signature of juror		83. Signature of juror		84. Signature of juror	
85. Signature of juror		86. Signature of juror		87. Signature of juror	
88. Signature of juror		89. Signature of juror		90. Signature of juror	
91. Signature of juror		92. Signature of juror		93. Signature of juror	
94. Signature of juror		95. Signature of juror		96. Signature of juror	
97. Signature of juror		98. Signature of juror		99. Signature of juror	
100. Signature of juror		101. Signature of juror		102. Signature of juror	

RECEIVED
APR 2 1956
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2939
CERTIFICATE OF DEATH

02906

Reg. Dist. No. 181

1. PLACE OF DEATH a. COUNTY Harford MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Harford			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Aberdeen				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS Rural, Aberdeen RD. #2			
3. NAME OF DECEASED (Type or print) First Millard Middle Reed Last Baker				4. DATE OF DEATH Month March Day 16 Year 19 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1 April 1888	
9. AGE (In years last birthday) 67 yrs.		IF UNDER 1 YEAR Months 67 Days 67 Hours 67 Min. 67		IF UNDER 24 HRS. Months 67 Days 67 Hours 67 Min. 67			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (Retired)				10b. KIND OF BUSINESS OR INDUSTRY House painting		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? United States							
13. FATHER'S NAME Nicholas Harvey Baker				14. MOTHER'S MAIDEN NAME Heneretta Jones			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-07-3413		17. INFORMANT Address Mrs. Elwood Swanner, RD. 2, Aberdeen			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arterio-sclerotic C.V. Disease DUE TO (c) 8 yrs						INTERVAL BETWEEN ONSET AND DEATH Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Aug , 19 55 , to March , 19 56 , that I last saw the deceased alive on March 10, 1956 , and that death occurred at 1 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE J. Ralph Horky				ADDRESS (Street, city or town, state) Churchville			
PHYSICIAN'S NAME (Type) J. Ralph Horky				DATE SIGNED March 17			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 19 1956		22c. NAME OF CEMETERY OR CREMATORY Smith Chapel		22d. LOCATION (City, town, or county) (State) RD. 2, Aberdeen, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE John E. Garrison				ADDRESS Aberdeen, Md.		24a. REC'D BY REGISTRAR DATE Mar 17-56	
				24b. REGISTRAR'S SIGNATURE Willie G. Perry			

HAWAII STATE DEPARTMENT OF HEALTH-DALLAMORE 18

BUREAU

MAR 20 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02907

2940

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
x <u>Hawthorne Grace</u>				x <u>Hawthorne Grace</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 <u>R. R. 2</u>				<u>R. R. 2</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) (Middle) (Last)				(Month) (Day) (Year)			
<u>Roscoe Monroe Barber</u>				<u>March 7, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Aug. 31, 1886</u>	<u>69</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Crop Farmer</u>		<u>Granson Co. Va.</u>		<u>U. S. A.</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Wm. P. Barber</u>				<u>Mandy A. Howell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>219-26-135</u>		<u>9 Mrs. Roscoe M. Barber</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
416x IMMEDIATE CAUSE (A)				<u>Acute Congestive Failure</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Rheumatic Cardio Vascular disease</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				<u>6 yrs</u>			
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>55</u> , to <u>March 7, 1956</u> , that I last saw the deceased alive on <u>Feb 2</u> , 19 <u>56</u> , and that death occurred at <u>4:45 A.M.</u> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>Malcolm Dyer Phillips</u> M.D.		<u>Delugton Md</u>		<u>3/7/56</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>March 10, 1956</u>		<u>Memorial Garden</u>		<u>Bd. Or Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>Mar. 8, 1956</u>		<u>Bertha B. Knight</u>		<u>H. S. Bailey</u>		<u>Barlingtong Md</u>	

CERTIFICATE OF DEATH

STATE OF MARYLAND - DEPARTMENT OF HEALTH - BALTIMORE, MD

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

BUREAU V. E.

MAR 13 1956

RECEIVED

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN WHO ATTENDS THE DECEASED OR BY THE RURAL HEALTH OFFICER OR BY THE HEALTH OFFICER OF THE CITY OR TOWN IN WHICH THE DECEASED RESIDES. IT IS TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER OF THE STATE OF MARYLAND, BALTIMORE, MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2941

CERTIFICATE OF DEATH

02908

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARTFORD</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>HARTFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Pylesville MD</u>		LENGTH OF STAY (in this place) <u>10 YEARS</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Pylesville MD</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>John</u> (Middle) <u>BARNETTE</u> (Last)				<u>MAR 26</u> 19 <u>56</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>CO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Dec 25/1860</u>	9. AGE last birthday <u>95</u> yrs.	IF UNDER 1 YEAR Months Days Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Johnstown Pa</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13. FATHER'S NAME <u>John Barnette</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mrs. MURRAY Cope land</u> <u>Be PAIR MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic cerebrovascular disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 20, 1956</u> , to <u>March 26, 1956</u> , that I last saw the deceased alive on <u>March 20, 1956</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles A. Hoff M.D.</u>				ADDRESS (Street, city, town, state) <u>Street, Md.</u>		DATE SIGNED <u>3-27-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>MAR 29/56</u>	NAME OF CEMETERY OR CREMATORY <u>Clark's Chapel</u>		LOCATION (City, town, or county) <u>Kalmia Hartford MD</u>		(State)	
24. REC'D BY REGISTRAR DATE <u>3/27/56</u>		REGISTRAR'S SIGNATURE <u>Emilia Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Foster Belan</u>			

CERTIFICATE OF DEATH

2241

LOCAL RESIDENCE OF DECEASED

MARYLAND

DATE OF DEATH

PLACE OF DEATH

20070207EAM

BUREAU V. S.

MAR 29 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2928 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02900 -
Reg. Dist. No. 183

1. PLACE OF DEATH a. COUNTY <u>Harford</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Harford Harve de Grace</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Harford Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Harford</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Box 173 Route #1 Harve de Grace</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>W.</u> Last <u>Bishop Jr.</u>				4. DATE OF DEATH Month <u>3</u> Day <u>7</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3/7/56</u>	
9. AGE (In years last birthday) <u>—</u> yrs.		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>		IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Harve de Grace, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Eugene W. Bishop</u>	
14. MOTHER'S MAIDEN NAME <u>Grace Lewis</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mr. Eugene Bishop</u> Address <u>Box 173 Route #1 Harve de Grace, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia due to umbilical</u> <u>761.0</u> DUE TO <u>Cord wrapped around neck</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>—</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour <u>—</u> a. m. <u>—</u> p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>Gerald E Palmer</u>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <u>Gerald E Palmer M.D.</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED <u>March 7, 1956</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/8/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Harve de Grace, Harford County, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer E. Bullock</u> ADDRESS <u>Harve de Grace, Md.</u>				24a. REC'D BY REGISTRAR <u>Mar. 8-56</u> 24b. REGISTRAR'S SIGNATURE <u>G. A. Davis M.D.</u>			

10002-01373

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.
BUREAU OF VITAL RECORDS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Form with multiple sections for medical history, symptoms, and examination findings. Includes checkboxes for various conditions and a section for the medical examiner's signature and date.

BUREAU V. S.

MAR 12 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and completed certificate filed in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02910

2942

CERTIFICATE OF DEATH

Reg. Dist. No.

181

1. PLACE OF DEATH a. COUNTY Harford MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Harford		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen			c. LENGTH OF STAY IN 1b 2 years		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION US Army Hospital Aberdeen Proving Ground			d. STREET ADDRESS 650 Green Street		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First ROBERT Middle BENJAMIN Last BRENNAN			4. DATE OF DEATH Month March Day 23 Year 19 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16 1906	9. AGE (In years last birthday) 49 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Wm. V. Brennan Deceased		14. MOTHER'S MAIDEN NAME Ladie Bainbridge Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes <input checked="" type="checkbox"/> (If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO. None		17. INFORMANT Official Military Records Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse 199.8 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Adeno-carcinoma of colon and lung DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceased from March 2 , 19 56 , to March 23 , 19 56 , that I last saw the deceased alive on March 23 , 19 56 , and that death occurred at 6:05 a.m. from the causes and on the date stated above. ADDRESS (Street, city or town, state) US Army Hospital DATE SIGNED March 23 1956					
ACTUAL SIGNATURE Raymond M. Joson		M.D. US Army Hospital			
PHYSICIAN'S NAME (Type) RAYMOND M JOSON		Aberdeen Proving Ground, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/26/1956	22c. NAME OF CEMETERY OR CREMATORY Bell Air Memorial Gardens	22d. LOCATION (City, town, or county)	(State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Lawrence R. Harde Grace, Md.		ADDRESS	24a. REC'D BY REGISTRAR DATE Mar 25-56	24b. REGISTRAR'S SIGNATURE Mellie R. Perry	

CERTIFICATE OF DEATH

2942

<p>1. Name of deceased: John Doe</p>		<p>2. Sex: Male</p>	
<p>3. Date of birth: Jan 15 1900</p>		<p>4. Place of birth: St. Louis, Mo.</p>	
<p>5. Date of death: Mar 10 1956</p>		<p>6. Place of death: St. Louis, Mo.</p>	
<p>7. Cause of death: Heart disease</p>		<p>8. Manner of death: Natural</p>	
<p>9. Signature of physician: Dr. J. H. Smith</p>		<p>10. Signature of registrar: John Doe</p>	
<p>11. Signature of informant: John Doe</p>		<p>12. Signature of witness: John Doe</p>	

BUREAU V. 2

MAR 27 1956

RECEIVED

2943

CERTIFICATE OF DEATH

02911

Reg. Dist. No. 182

1. PLACE OF DEATH a. COUNTY <u>Harford</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Harford</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Jarretttsville</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Jarretttsville</u>			
c. LENGTH OF STAY IN 1b <u>43 yrs</u>				d. STREET ADDRESS —			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Darrel Edward Brookhart</u> First Middle Last				4. DATE OF DEATH <u>March 3</u> 1956 Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 17th 1882</u> 74 yrs.	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black Smok</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Rutledge MD</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George E Brookhart</u>				14. MOTHER'S MAIDEN NAME <u>Haney Cochran</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. —		17. INFORMANT <u>Maude Preston Brookhart</u>		Address <u>Rocks Rd</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> <u>331X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis - cerebral disease</u> DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Chronic bronchial asthma + pulmonary emphysema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>7-6-</u> 1948, to <u>3-3-</u> 1956, that I last saw the deceased alive on <u>March 2</u> 1956, and that death occurred at <u>2:30</u> P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Street, Md</u> DATE SIGNED <u>March 6, 1956</u>							
ACTUAL SIGNATURE <u>Charles A. Neff</u> M.D. <u>Street, Md</u>							
PHYSICIAN'S NAME (Type) <u>Charles A. Neff MD</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3-6-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Jarretttsville</u>		22d. LOCATION (City, town, or county) (State) <u>Jarretttsville MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Martin E. Kutz Jarretttsville MD</u>				24a. REC'D BY REGISTRAR DATE <u>3/8/56</u>		24b. REGISTRAR'S SIGNATURE <u>Priscilla Leonard</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and complete certificate has been signed by the attending physician and complete certificate has been signed by the attending physician and complete certificate has been signed by the attending physician. After this certificate has been signed by the attending physician and complete certificate has been signed by the attending physician and complete certificate has been signed by the attending physician. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX	
JOSE		45		M	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH	
1956		SAO PAULO		HEART DISEASE	
DATE OF BIRTH		PLACE OF BIRTH		OCCUPATION	
1911		SAO PAULO		FARMER	
DATE OF MARRIAGE		PLACE OF MARRIAGE		EDUCATION	
1935		SAO PAULO		HIGH SCHOOL	
DATE OF BURIAL		PLACE OF BURIAL		RELIGION	
1956		SAO PAULO		CATHOLIC	
DATE OF ISSUANCE		PLACE OF ISSUANCE		SIGNATURE OF REGISTRAR	
1956		SAO PAULO		[Signature]	

BUREAU V. 8

MAR 12 1956

RECEIVED

2929

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH o. COUNTY <u>Harford</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Md</u> b. COUNTY <u>CECIL</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Havre de Grace</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rising Sun Rural 07X-2</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Harford Memorial</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Homer</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar 24 1904</u>	
9. AGE (In years last birthday) <u>51</u> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STORE OWNER</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Brown</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Frances Triplet</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>226-18-408</u>		17. INFORMANT Address <u>MRS. MATTIE BROWN, RISING SUN MD.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Multiple Pulmonary Embolism, adrenal cortical adenoma</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Jan</u> , 19 <u>51</u> , to <u>March 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>56</u> , and that death occurred at <u>11:00</u> M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED <u>3/12/56</u>							
ACTUAL SIGNATURE <u>Neil R. Taylor</u> M.D.				PHYSICIAN'S NAME (Type) <u>Neil R. Taylor</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>MARCH 20 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>CONOWINGO BAPTIST</u>		22d. LOCATION (City, town, or county) (State) <u>CONOWINGO MD.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. McMullen</u> ADDRESS <u>Rising Sun Md</u>				24a. REC'D BY REGISTRAR <u>G. L. Lewis</u> DATE <u>Mar 20-56</u>		24b. REGISTRAR'S SIGNATURE	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and complete certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1

25029-59

[illegible]

BUREAU V. S.

MAR 22 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02913

2930

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		STATE <u>Maryland</u>		COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u>		LENGTH OF STAY (in this place) <u>2 1/2</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u>			
TOWN <u>Harford</u>				TOWN <u>Harford</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>221 N. Ohio Street</u>				STREET ADDRESS (If rural give location) <u>221 N. Ohio Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>ELIZA</u> (Middle) <u>J.</u> (Last) <u>CHRISTY</u>				(Month) <u>3</u> (Day) <u>24</u> (Year) <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1898</u>	9. AGE last birthday <u>57</u> yrs.	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Harford County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>George Edward Harris</u>				14. MOTHER'S MAIDEN NAME <u>Marick Marie Giles</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Mr. Robert J. Christy - 221 N. Ohio St</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>443X</u> IMMEDIATE CAUSE (A) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C) <u>Hypertensive Cardiovascular disease</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/10</u>, 19<u>55</u>, to <u>3/23</u>, 19<u>56</u>, that I last saw the deceased alive on <u>3/22</u>, 19<u>56</u>, and that death occurred at <u>12:05 PM</u>, from the causes and on the date stated above.							
SIGNATURE <u>George J. Stansbury</u>				ADDRESS (Street, city, town, state) <u>M.D. 569 Revolution St, Harford de Grace, Md.</u>			
DATE SIGNED <u>3/24/56</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3/27/56</u>		NAME OF CEMETERY OR CREMATORY <u>Union Methodist Cem</u>		LOCATION (City, town, or county) <u>N. Aberdeen, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>A. L. Lewis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Philip J. Bullock</u>		ADDRESS <u>Harford de Grace, Md.</u>	
DATE <u>Mar 25 - 1956</u>							

CERTIFICATE OF DEATH

STATE AND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

1956

1. NAME OF DECEASED

Marjorie M. Jones

2. SEX

Female

3. DATE OF BIRTH

2-17-1900

4. PLACE OF BIRTH

CHRYST

5. DATE OF DEATH

2-27-1956

6. PLACE OF DEATH

St. James County, Md.

7. CAUSE OF DEATH

Myocardial Infarction

8. SIGNATURE

John Doe

BUREAU V. 8

MAR 27 1956

RECEIVED

3/27/56

100-100000

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02914

2944 **CERTIFICATE OF DEATH**

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aberdeen</u>		LENGTH OF STAY (In this place) <u>Lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aberdeen</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R. F. D. 2</u>				STREET ADDRESS (If rural give location) <u>R. F. D. 2</u>			
3. NAME OF DECEASED (Type or Print) <u>OSCAR A. CHRISTY</u>				4. DATE OF DEATH (Month) <u>3</u> (Day) <u>29</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 2, 1895</u>		9. AGE last birthday <u>60</u> yrs.	IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tractor Company</u>		11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jacob Christy</u>				14. MOTHER'S MAIDEN NAME <u>Susie Warfield</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>215-32-2696</u>		17. INFORMANT & ADDRESS <u>Mrs. Susie Christy - Aberdeen, Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
443X IMMEDIATE CAUSE (A) <u>Massive Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C) <u>Hypertensive Cardiovascular disease</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/22</u> , 19 <u>52</u> , to <u>3/28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>56</u> , and that death occurred at <u>1:00</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>George J. Stansbury</u>		DATE THEREOF <u>April 2, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Union Methodist Cemetery</u>		LOCATION (City, town, or county) (State) <u>Harford County Md.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		24. REC'D BY REGISTRAR <u>March 31-1956</u>		REGISTRAR'S SIGNATURE <u>Nellie R. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer E. Bellock</u>	
				ADDRESS <u>Harford County</u>			

10201

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Birth

1. NAME OF DECEASED

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

MAYNARD, RICH

BUREAU V. S.

APR 3 1956

RECEIVED

PHOTOGRAPH

1. NAME OF DECEASED
2. DATE OF DEATH
3. PLACE OF DEATH
4. CAUSE OF DEATH
5. MANNER OF DEATH
6. SEX
7. AGE
8. RACE
9. COLOR
10. RELIGION
11. OCCUPATION
12. EDUCATION
13. MARITAL STATUS
14. SOCIAL SECURITY NUMBER
15. PLACE OF BIRTH
16. DATE OF BIRTH
17. PLACE OF DEATH
18. DATE OF DEATH
19. PLACE OF DEATH
20. CAUSE OF DEATH
21. MANNER OF DEATH
22. SEX
23. AGE
24. RACE
25. COLOR
26. RELIGION
27. OCCUPATION
28. EDUCATION
29. MARITAL STATUS
30. SOCIAL SECURITY NUMBER
31. PLACE OF BIRTH
32. DATE OF BIRTH
33. PLACE OF DEATH
34. DATE OF DEATH
35. PLACE OF DEATH
36. CAUSE OF DEATH
37. MANNER OF DEATH
38. SEX
39. AGE
40. RACE
41. COLOR
42. RELIGION
43. OCCUPATION
44. EDUCATION
45. MARITAL STATUS
46. SOCIAL SECURITY NUMBER
47. PLACE OF BIRTH
48. DATE OF BIRTH
49. PLACE OF DEATH
50. DATE OF DEATH
51. PLACE OF DEATH
52. CAUSE OF DEATH
53. MANNER OF DEATH
54. SEX
55. AGE
56. RACE
57. COLOR
58. RELIGION
59. OCCUPATION
60. EDUCATION
61. MARITAL STATUS
62. SOCIAL SECURITY NUMBER
63. PLACE OF BIRTH
64. DATE OF BIRTH
65. PLACE OF DEATH
66. DATE OF DEATH
67. PLACE OF DEATH
68. CAUSE OF DEATH
69. MANNER OF DEATH
70. SEX
71. AGE
72. RACE
73. COLOR
74. RELIGION
75. OCCUPATION
76. EDUCATION
77. MARITAL STATUS
78. SOCIAL SECURITY NUMBER
79. PLACE OF BIRTH
80. DATE OF BIRTH
81. PLACE OF DEATH
82. DATE OF DEATH
83. PLACE OF DEATH
84. CAUSE OF DEATH
85. MANNER OF DEATH
86. SEX
87. AGE
88. RACE
89. COLOR
90. RELIGION
91. OCCUPATION
92. EDUCATION
93. MARITAL STATUS
94. SOCIAL SECURITY NUMBER
95. PLACE OF BIRTH
96. DATE OF BIRTH
97. PLACE OF DEATH
98. DATE OF DEATH
99. PLACE OF DEATH
100. CAUSE OF DEATH
101. MANNER OF DEATH
102. SEX
103. AGE
104. RACE
105. COLOR
106. RELIGION
107. OCCUPATION
108. EDUCATION
109. MARITAL STATUS
110. SOCIAL SECURITY NUMBER
111. PLACE OF BIRTH
112. DATE OF BIRTH
113. PLACE OF DEATH
114. DATE OF DEATH
115. PLACE OF DEATH
116. CAUSE OF DEATH
117. MANNER OF DEATH
118. SEX
119. AGE
120. RACE
121. COLOR
122. RELIGION
123. OCCUPATION
124. EDUCATION
125. MARITAL STATUS
126. SOCIAL SECURITY NUMBER
127. PLACE OF BIRTH
128. DATE OF BIRTH
129. PLACE OF DEATH
130. DATE OF DEATH
131. PLACE OF DEATH
132. CAUSE OF DEATH
133. MANNER OF DEATH
134. SEX
135. AGE
136. RACE
137. COLOR
138. RELIGION
139. OCCUPATION
140. EDUCATION
141. MARITAL STATUS
142. SOCIAL SECURITY NUMBER
143. PLACE OF BIRTH
144. DATE OF BIRTH
145. PLACE OF DEATH
146. DATE OF DEATH
147. PLACE OF DEATH
148. CAUSE OF DEATH
149. MANNER OF DEATH
150. SEX
151. AGE
152. RACE
153. COLOR
154. RELIGION
155. OCCUPATION
156. EDUCATION
157. MARITAL STATUS
158. SOCIAL SECURITY NUMBER
159. PLACE OF BIRTH
160. DATE OF BIRTH
161. PLACE OF DEATH
162. DATE OF DEATH
163. PLACE OF DEATH
164. CAUSE OF DEATH
165. MANNER OF DEATH
166. SEX
167. AGE
168. RACE
169. COLOR
170. RELIGION
171. OCCUPATION
172. EDUCATION
173. MARITAL STATUS
174. SOCIAL SECURITY NUMBER
175. PLACE OF BIRTH
176. DATE OF BIRTH
177. PLACE OF DEATH
178. DATE OF DEATH
179. PLACE OF DEATH
180. CAUSE OF DEATH
181. MANNER OF DEATH
182. SEX
183. AGE
184. RACE
185. COLOR
186. RELIGION
187. OCCUPATION
188. EDUCATION
189. MARITAL STATUS
190. SOCIAL SECURITY NUMBER
191. PLACE OF BIRTH
192. DATE OF BIRTH
193. PLACE OF DEATH
194. DATE OF DEATH
195. PLACE OF DEATH
196. CAUSE OF DEATH
197. MANNER OF DEATH
198. SEX
199. AGE
200. RACE
201. COLOR
202. RELIGION
203. OCCUPATION
204. EDUCATION
205. MARITAL STATUS
206. SOCIAL SECURITY NUMBER
207. PLACE OF BIRTH
208. DATE OF BIRTH
209. PLACE OF DEATH
210. DATE OF DEATH
211. PLACE OF DEATH
212. CAUSE OF DEATH
213. MANNER OF DEATH
214. SEX
215. AGE
216. RACE
217. COLOR
218. RELIGION
219. OCCUPATION
220. EDUCATION
221. MARITAL STATUS
222. SOCIAL SECURITY NUMBER
223. PLACE OF BIRTH
224. DATE OF BIRTH
225. PLACE OF DEATH
226. DATE OF DEATH
227. PLACE OF DEATH
228. CAUSE OF DEATH
229. MANNER OF DEATH
230. SEX
231. AGE
232. RACE
233. COLOR
234. RELIGION
235. OCCUPATION
236. EDUCATION
237. MARITAL STATUS
238. SOCIAL SECURITY NUMBER
239. PLACE OF BIRTH
240. DATE OF BIRTH
241. PLACE OF DEATH
242. DATE OF DEATH
243. PLACE OF DEATH
244. CAUSE OF DEATH
245. MANNER OF DEATH
246. SEX
247. AGE
248. RACE
249. COLOR
250. RELIGION
251. OCCUPATION
252. EDUCATION
253. MARITAL STATUS
254. SOCIAL SECURITY NUMBER
255. PLACE OF BIRTH
256. DATE OF BIRTH
257. PLACE OF DEATH
258. DATE OF DEATH
259. PLACE OF DEATH
260. CAUSE OF DEATH
261. MANNER OF DEATH
262. SEX
263. AGE
264. RACE
265. COLOR
266. RELIGION
267. OCCUPATION
268. EDUCATION
269. MARITAL STATUS
270. SOCIAL SECURITY NUMBER
271. PLACE OF BIRTH
272. DATE OF BIRTH
273. PLACE OF DEATH
274. DATE OF DEATH
275. PLACE OF DEATH
276. CAUSE OF DEATH
277. MANNER OF DEATH
278. SEX
279. AGE
280. RACE
281. COLOR
282. RELIGION
283. OCCUPATION
284. EDUCATION
285. MARITAL STATUS
286. SOCIAL SECURITY NUMBER
287. PLACE OF BIRTH
288. DATE OF BIRTH
289. PLACE OF DEATH
290. DATE OF DEATH
291. PLACE OF DEATH
292. CAUSE OF DEATH
293. MANNER OF DEATH
294. SEX
295. AGE
296. RACE
297. COLOR
298. RELIGION
299. OCCUPATION
300. EDUCATION
301. MARITAL STATUS
302. SOCIAL SECURITY NUMBER
303. PLACE OF BIRTH
304. DATE OF BIRTH
305. PLACE OF DEATH
306. DATE OF DEATH
307. PLACE OF DEATH
308. CAUSE OF DEATH
309. MANNER OF DEATH
310. SEX
311. AGE
312. RACE
313. COLOR
314. RELIGION
315. OCCUPATION
316. EDUCATION
317. MARITAL STATUS
318. SOCIAL SECURITY NUMBER
319. PLACE OF BIRTH
320. DATE OF BIRTH
321. PLACE OF DEATH
322. DATE OF DEATH
323. PLACE OF DEATH
324. CAUSE OF DEATH
325. MANNER OF DEATH
326. SEX
327. AGE
328. RACE
329. COLOR
330. RELIGION
331. OCCUPATION
332. EDUCATION
333. MARITAL STATUS
334. SOCIAL SECURITY NUMBER
335. PLACE OF BIRTH
336. DATE OF BIRTH
337. PLACE OF DEATH
338. DATE OF DEATH
339. PLACE OF DEATH
340. CAUSE OF DEATH
341. MANNER OF DEATH
342. SEX
343. AGE
344. RACE
345. COLOR
346. RELIGION
347. OCCUPATION
348. EDUCATION
349. MARITAL STATUS
350. SOCIAL SECURITY NUMBER
351. PLACE OF BIRTH
352. DATE OF BIRTH
353. PLACE OF DEATH
354. DATE OF DEATH
355. PLACE OF DEATH
356. CAUSE OF DEATH
357. MANNER OF DEATH
358. SEX
359. AGE
360. RACE
361. COLOR
362. RELIGION
363. OCCUPATION
364. EDUCATION
365. MARITAL STATUS
366. SOCIAL SECURITY NUMBER
367. PLACE OF BIRTH
368. DATE OF BIRTH
369. PLACE OF DEATH
370. DATE OF DEATH
371. PLACE OF DEATH
372. CAUSE OF DEATH
373. MANNER OF DEATH
374. SEX
375. AGE
376. RACE
377. COLOR
378. RELIGION
379. OCCUPATION
380. EDUCATION
381. MARITAL STATUS
382. SOCIAL SECURITY NUMBER
383. PLACE OF BIRTH
384. DATE OF BIRTH
385. PLACE OF DEATH
386. DATE OF DEATH
387. PLACE OF DEATH
388. CAUSE OF DEATH
389. MANNER OF DEATH
390. SEX
391. AGE
392. RACE
393. COLOR
394. RELIGION
395. OCCUPATION
396. EDUCATION
397. MARITAL STATUS
398. SOCIAL SECURITY NUMBER
399. PLACE OF BIRTH
400. DATE OF BIRTH
401. PLACE OF DEATH
402. DATE OF DEATH
403. PLACE OF DEATH
404. CAUSE OF DEATH
405. MANNER OF DEATH
406. SEX
407. AGE
408. RACE
409. COLOR
410. RELIGION
411. OCCUPATION
412. EDUCATION
413. MARITAL STATUS
414. SOCIAL SECURITY NUMBER
415. PLACE OF BIRTH
416. DATE OF BIRTH
417. PLACE OF DEATH
418. DATE OF DEATH
419. PLACE OF DEATH
420. CAUSE OF DEATH
421. MANNER OF DEATH
422. SEX
423. AGE
424. RACE
425. COLOR
426. RELIGION
427. OCCUPATION
428. EDUCATION
429. MARITAL STATUS
430. SOCIAL SECURITY NUMBER
431. PLACE OF BIRTH
432. DATE OF BIRTH
433. PLACE OF DEATH
434. DATE OF DEATH
435. PLACE OF DEATH
436. CAUSE OF DEATH
437. MANNER OF DEATH
438. SEX
439. AGE
440. RACE
441. COLOR
442. RELIGION
443. OCCUPATION
444. EDUCATION
445. MARITAL STATUS
446. SOCIAL SECURITY NUMBER
447. PLACE OF BIRTH
448. DATE OF BIRTH
449. PLACE OF DEATH
450. DATE OF DEATH
451. PLACE OF DEATH
452. CAUSE OF DEATH
453. MANNER OF DEATH
454. SEX
455. AGE
456. RACE
457. COLOR
458. RELIGION
459. OCCUPATION
460. EDUCATION
461. MARITAL STATUS
462. SOCIAL SECURITY NUMBER
463. PLACE OF BIRTH
464. DATE OF BIRTH
465. PLACE OF DEATH
466. DATE OF DEATH
467. PLACE OF DEATH
468. CAUSE OF DEATH
469. MANNER OF DEATH
470. SEX
471. AGE
472. RACE
473. COLOR
474. RELIGION
475. OCCUPATION
476. EDUCATION
477. MARITAL STATUS
478. SOCIAL SECURITY NUMBER
479. PLACE OF BIRTH
480. DATE OF BIRTH
481. PLACE OF DEATH
482. DATE OF DEATH
483. PLACE OF DEATH
484. CAUSE OF DEATH
485. MANNER OF DEATH
486. SEX
487. AGE
488. RACE
489. COLOR
490. RELIGION
491. OCCUPATION
492. EDUCATION
493. MARITAL STATUS
494. SOCIAL SECURITY NUMBER
495. PLACE OF BIRTH
496. DATE OF BIRTH
497. PLACE OF DEATH
498. DATE OF DEATH
499. PLACE OF DEATH
500. CAUSE OF DEATH
501. MANNER OF DEATH
502. SEX
503. AGE
504. RACE
505. COLOR
506. RELIGION
507. OCCUPATION
508. EDUCATION
509. MARITAL STATUS
510. SOCIAL SECURITY NUMBER
511. PLACE OF BIRTH
512. DATE OF BIRTH
513. PLACE OF DEATH
514. DATE OF DEATH
515. PLACE OF DEATH
516. CAUSE OF DEATH
517. MANNER OF DEATH
518. SEX
519. AGE
520. RACE
521. COLOR
522. RELIGION
523. OCCUPATION
524. EDUCATION
525. MARITAL STATUS
526. SOCIAL SECURITY NUMBER
527. PLACE OF BIRTH
528. DATE OF BIRTH
529. PLACE OF DEATH
530. DATE OF DEATH
531. PLACE OF DEATH
532. CAUSE OF DEATH
533. MANNER OF DEATH
534. SEX
535. AGE
536. RACE
537. COLOR
538. RELIGION
539. OCCUPATION
540. EDUCATION
541. MARITAL STATUS
542. SOCIAL SECURITY NUMBER
543. PLACE OF BIRTH
544. DATE OF BIRTH
545. PLACE OF DEATH
546. DATE OF DEATH
547. PLACE OF DEATH
548. CAUSE OF DEATH
549. MANNER OF DEATH
550. SEX
551. AGE
552. RACE
553. COLOR
554. RELIGION
555. OCCUPATION
556. EDUCATION
557. MARITAL STATUS
558. SOCIAL SECURITY NUMBER
559. PLACE OF BIRTH
560. DATE OF BIRTH
561. PLACE OF DEATH
562. DATE OF DEATH
563. PLACE OF DEATH
564. CAUSE OF DEATH
565. MANNER OF DEATH
566. SEX
567. AGE
568. RACE
569. COLOR
570. RELIGION
571. OCCUPATION
572. EDUCATION
573. MARITAL STATUS
574. SOCIAL SECURITY NUMBER
575. PLACE OF BIRTH
576. DATE OF BIRTH
577. PLACE OF DEATH
578. DATE OF DEATH
579. PLACE OF DEATH
580. CAUSE OF DEATH
581. MANNER OF DEATH
582. SEX
583. AGE
584. RACE
585. COLOR
586. RELIGION
587. OCCUPATION
588. EDUCATION
589. MARITAL STATUS
590. SOCIAL SECURITY NUMBER
591. PLACE OF BIRTH
592. DATE OF BIRTH
593. PLACE OF DEATH
594. DATE OF DEATH
595. PLACE OF DEATH
596. CAUSE OF DEATH
597. MANNER OF DEATH
598. SEX
599. AGE
600. RACE
601. COLOR
602. RELIGION
603. OCCUPATION
604. EDUCATION
605. MARITAL STATUS
606. SOCIAL SECURITY NUMBER
607. PLACE OF BIRTH
608. DATE OF BIRTH
609. PLACE OF DEATH
610. DATE OF DEATH
611. PLACE OF DEATH
612. CAUSE OF DEATH
613. MANNER OF DEATH
614. SEX
615. AGE
616. RACE
617. COLOR
618. RELIGION
619. OCCUPATION
620. EDUCATION
621. MARITAL STATUS
622. SOCIAL SECURITY NUMBER
623. PLACE OF BIRTH
624. DATE OF BIRTH
625. PLACE OF DEATH
626. DATE OF DEATH
627. PLACE OF DEATH
628. CAUSE OF DEATH
629. MANNER OF DEATH
630. SEX
631. AGE
632. RACE
633. COLOR
634. RELIGION
635. OCCUPATION
636. EDUCATION
637. MARITAL STATUS
638. SOCIAL SECURITY NUMBER
639. PLACE OF BIRTH
640. DATE OF BIRTH
641. PLACE OF DEATH
642. DATE OF DEATH
643. PLACE OF DEATH
644. CAUSE OF DEATH
645. MANNER OF DEATH
646. SEX
647. AGE
648. RACE
649. COLOR
650. RELIGION
651. OCCUPATION
652. EDUCATION
653. MARITAL STATUS
654. SOCIAL SECURITY NUMBER
655. PLACE OF BIRTH
656. DATE OF BIRTH
657. PLACE OF DEATH
658. DATE OF DEATH
659. PLACE OF DEATH
660. CAUSE OF DEATH
661. MANNER OF DEATH
662. SEX
663. AGE
664. RACE
665. COLOR
666. RELIGION
667. OCCUPATION
668. EDUCATION
669. MARITAL STATUS
670. SOCIAL SECURITY NUMBER
671. PLACE OF BIRTH
672. DATE OF BIRTH
673. PLACE OF DEATH
674. DATE OF DEATH
675. PLACE OF DEATH
676. CAUSE OF DEATH
677. MANNER OF DEATH
678. SEX
679. AGE
680. RACE
681. COLOR
682. RELIGION
683. OCCUPATION
684. EDUCATION
685. MARITAL STATUS
686. SOCIAL SECURITY NUMBER
687. PLACE OF BIRTH
688. DATE OF BIRTH
689. PLACE OF DEATH
690. DATE OF DEATH
691. PLACE OF DEATH
692. CAUSE OF DEATH
693. MANNER OF DEATH
694. SEX
695. AGE
696. RACE
697. COLOR
698. RELIGION
699. OCCUPATION
700. EDUCATION
701. MARITAL STATUS
702. SOCIAL SECURITY NUMBER
703. PLACE OF BIRTH
704. DATE OF BIRTH
705. PLACE OF DEATH
706. DATE OF DEATH
707. PLACE OF DEATH
708. CAUSE OF DEATH
709. MANNER OF DEATH
710. SEX
711. AGE
712. RACE
713. COLOR
714. RELIGION
715. OCCUPATION
716. EDUCATION
717. MARITAL STATUS
718. SOCIAL SECURITY NUMBER
719. PLACE OF BIRTH
720. DATE OF BIRTH
721. PLACE OF DEATH
722. DATE OF DEATH
723. PLACE OF DEATH
724. CAUSE OF DEATH
725. MANNER OF DEATH
726. SEX
727. AGE
728. RACE
729. COLOR
730. RELIGION
731. OCCUPATION
732. EDUCATION
733. MARITAL STATUS
734. SOCIAL SECURITY NUMBER
735. PLACE OF BIRTH
736. DATE OF BIRTH
737. PLACE OF DEATH
738. DATE OF DEATH
739. PLACE OF DEATH
740. CAUSE OF DEATH
741. MANNER OF DEATH
742. SEX
743. AGE
744. RACE
745. COLOR
746. RELIGION
747. OCCUPATION
748. EDUCATION
749. MARITAL STATUS
750. SOCIAL SECURITY NUMBER
751. PLACE OF BIRTH
752. DATE OF BIRTH
753. PLACE OF DEATH
754. DATE OF DEATH
755. PLACE OF DEATH
756. CAUSE OF DEATH
757. MANNER OF DEATH
758. SEX
759. AGE
760. RACE
761. COLOR
762. RELIGION
763. OCCUPATION
764. EDUCATION
765. MARITAL STATUS
766. SOCIAL SECURITY NUMBER
767. PLACE OF BIRTH
768. DATE OF BIRTH
769. PLACE OF DEATH
770. DATE OF DEATH
771. PLACE OF DEATH
772. CAUSE OF DEATH
773. MANNER OF DEATH
774. SEX
775. AGE
776. RACE
777. COLOR
778. RELIGION
779. OCCUPATION
780. EDUCATION
781. MARITAL STATUS
782. SOCIAL SECURITY NUMBER
783. PLACE OF BIRTH
784. DATE OF BIRTH
785. PLACE OF DEATH
786. DATE OF DEATH
787. PLACE OF DEATH
788. CAUSE OF DEATH
789. MANNER OF DEATH
790. SEX
791. AGE
792. RACE
793. COLOR
794. RELIGION
795. OCCUPATION
796. EDUCATION
797. MARITAL STATUS
798. SOCIAL SECURITY NUMBER
799. PLACE OF BIRTH
800. DATE OF BIRTH
801. PLACE OF DEATH
802. DATE OF DEATH
803. PLACE OF DEATH
804. CAUSE OF DEATH
805. MANNER OF DEATH
806. SEX
807. AGE
808. RACE
809. COLOR
810. RELIGION
811. OCCUPATION
812. EDUCATION
813. MARITAL STATUS
814. SOCIAL SECURITY NUMBER
815. PLACE OF BIRTH
816. DATE OF BIRTH
817. PLACE OF DEATH
818. DATE OF DEATH
819. PLACE OF DEATH
820. CAUSE OF DEATH
821. MANNER OF DEATH
822. SEX
823. AGE
824. RACE
825. COLOR
826. RELIGION
827. OCCUPATION
828. EDUCATION
829. MARITAL STATUS
830. SOCIAL SECURITY NUMBER
831. PLACE OF BIRTH
832. DATE OF BIRTH
833. PLACE OF DEATH
834. DATE OF DEATH
835. PLACE OF DEATH
836. CAUSE OF DEATH
837. MANNER OF DEATH
838. SEX
839. AGE
840. RACE
841. COLOR
842. RELIGION
843. OCCUPATION
844. EDUCATION
845. MARITAL STATUS
846. SOCIAL SECURITY NUMBER
847. PLACE OF BIRTH
848. DATE OF BIRTH
849. PLACE OF DEATH
850. DATE OF DEATH
851. PLACE OF DEATH
852. CAUSE OF DEATH
853. MANNER OF DEATH
854. SEX
855. AGE
856. RACE
857. COLOR
858. RELIGION
859. OCCUPATION
860. EDUCATION
861. MARITAL STATUS
862. SOCIAL SECURITY NUMBER
863. PLACE OF BIRTH
864. DATE OF BIRTH
865. PLACE OF DEATH
866. DATE OF DEATH
867. PLACE OF DEATH
868. CAUSE OF DEATH
869. MANNER OF DEATH
870. SEX
871. AGE
872. RACE
873. COLOR
874. RELIGION
875. OCCUPATION
876. EDUCATION
877. MARITAL STATUS
878. SOCIAL SECURITY NUMBER
879. PLACE OF BIRTH
880. DATE OF BIRTH
881. PLACE OF DEATH
882. DATE OF DEATH
883. PLACE OF DEATH
884. CAUSE OF DEATH
885. MANNER OF DEATH
886. SEX
887. AGE
888. RACE
889. COLOR
890. RELIGION
891. OCCUPATION
892. EDUCATION
893. MARITAL STATUS
894. SOCIAL SECURITY NUMBER
895. PLACE OF BIRTH
896. DATE OF BIRTH
897. PLACE OF DEATH
898. DATE OF DEATH
899. PLACE OF DEATH
900. CAUSE OF DEATH
901. MANNER OF DEATH
902. SEX
903. AGE
904. RACE
905. COLOR
906. RELIGION
907. OCCUPATION
908. EDUCATION
909. MARITAL STATUS
910. SOCIAL SECURITY NUMBER
911. PLACE OF BIRTH
912. DATE OF BIRTH
913. PLACE OF DEATH
914. DATE OF DEATH
915. PLACE OF DEATH
916. CAUSE OF DEATH
917. MANNER OF DEATH
918. SEX
919. AGE
920. RACE
921. COLOR
922. RELIGION
923. OCCUPATION
924. EDUCATION
925. MARITAL STATUS
926. SOCIAL SECURITY NUMBER
927. PLACE OF BIRTH
928. DATE OF BIRTH
929. PLACE OF DEATH
930. DATE OF DEATH
931. PLACE OF DEATH
932. CAUSE OF DEATH
933. MANNER OF DEATH
934. SEX
935. AGE
936. RACE
937. COLOR
938. RELIGION
939. OCCUPATION
940. EDUCATION
941. MARITAL STATUS
942. SOCIAL SECURITY NUMBER
943. PLACE OF BIRTH
944. DATE OF BIRTH
945. PLACE OF DEATH
946. DATE OF DEATH
947. PLACE OF DEATH
948. CAUSE OF DEATH
949. MANNER OF DEATH
950. SEX
951. AGE
952. RACE
953. COLOR
954. RELIGION
955. OCCUPATION
956. EDUCATION
957. MARITAL STATUS
958. SOCIAL SECURITY NUMBER
959. PLACE OF BIRTH
960. DATE OF BIRTH
961. PLACE OF DEATH
962. DATE OF DEATH
963. PLACE OF DEATH
964. CAUSE OF DEATH
965. MANNER OF DEATH
966. SEX
967. AGE
968. RACE
969. COLOR
970. RELIGION
971. OCCUPATION
972. EDUCATION
973. MARITAL STATUS
974. SOCIAL SECURITY NUMBER
975. PLACE OF BIRTH
976. DATE OF BIRTH
977. PLACE OF DEATH
978. DATE OF DEATH
979. PLACE OF DEATH
980. CAUSE OF DEATH
981. MANNER OF DEATH
982. SEX
983. AGE
984. RACE
985. COLOR
986. RELIGION
987. OCCUPATION
988. EDUCATION
989. MARITAL STATUS
990. SOCIAL SECURITY NUMBER
991. PLACE OF BIRTH
992. DATE OF BIRTH
993. PLACE OF DEATH
994. DATE OF DEATH
995. PLACE OF DEATH
996. CAUSE OF DEATH
997. MANNER OF DEATH
998. SEX
999. AGE
1000. RACE
1001. COLOR
1002. RELIGION
1003. OCCUPATION
1004. EDUCATION
1005. MARITAL STATUS
1006. SOCIAL SECURITY NUMBER
1007. PLACE OF BIRTH
1008. DATE OF BIRTH
1009. PLACE OF DEATH
1010. DATE OF DEATH
1011. PLACE OF DEATH
1012. CAUSE OF DEATH
1013. MANNER OF DEATH
1014. SEX
1015. AGE
1016. RACE
1017. COLOR
1018. RELIGION
1019. OCCUPATION
1020. EDUCATION
1021. MARITAL STATUS
1022. SOCIAL SECURITY NUMBER
1023. PLACE OF BIRTH
1024. DATE OF BIRTH
1025. PLACE OF DEATH
1026. DATE OF DEATH
1027. PLACE OF DEATH
1028. CAUSE OF DEATH
1029. MANNER OF DEATH
1030. SEX
1031. AGE
1032. RACE
1033. COLOR
1034. RELIGION
1035. OCCUPATION
1036. EDUCATION
1037. MARITAL STATUS
1038. SOCIAL SECURITY NUMBER
1039. PLACE OF BIRTH
1040. DATE OF BIRTH
1041. PLACE OF DEATH
1042. DATE OF DEATH
1043. PLACE OF DEATH
1044. CAUSE OF DEATH
1045. MANNER OF DEATH
1046. SEX
1047. AGE
1048. RACE
1049. COLOR
1050. RELIGION
1051. OCCUPATION
1052. EDUCATION
1053. MARITAL STATUS
1054. SOCIAL SECURITY NUMBER
1055. PLACE OF BIRTH
1056. DATE OF BIRTH
1057. PLACE OF DEATH
1058. DATE OF DEATH
1059. PLACE OF DEATH
1060. CAUSE OF DEATH
1061. MANNER OF DEATH
1062. SEX
1063. AGE
1064. RACE
1065. COLOR
1066. RELIGION
1067. OCCUPATION
1068. EDUCATION
1069. MARITAL STATUS
1070. SOCIAL SECURITY NUMBER
1071. PLACE OF BIRTH
1072. DATE OF BIRTH
1073. PLACE OF DEATH
1074. DATE OF DEATH
1075. PLACE OF DEATH
1076. CAUSE OF DEATH
1077. MANNER OF DEATH
1078. SEX
1079. AGE
1080. RACE
1081. COLOR
1082. RELIGION
1083. OCCUPATION
1084. EDUCATION
1085. MARITAL STATUS
1086. SOCIAL SECURITY NUMBER
1087. PLACE OF BIRTH
1088. DATE OF BIRTH
1089. PLACE OF DEATH
1090. DATE OF DEATH
1091. PLACE OF DEATH
1092. CAUSE OF DEATH
1093. MANNER OF DEATH
1094. SEX
1095. AGE
1096. RACE
1097. COLOR
1098. RELIGION
1099. OCCUPATION
1100. EDUCATION
1101.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2931

CERTIFICATE OF DEATH

02915 185

Reg. Dist. No. 46

1. PLACE OF DEATH a. COUNTY <u>Hagerford</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Hagerford</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Hager de Grace</u>				c. LENGTH OF STAY IN 1b. <u>1 hr 10 min</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Hagerford Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Gretha</u> Middle <u>Molock</u> Last <u>Cornish</u>				4. DATE OF DEATH Month <u>March</u> Day <u>18</u> Year <u>1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 5, 1910</u>	
9. AGE (In years last birthday) <u>45</u> Yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tell Teller</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Bridge</u>		11. BIRTHPLACE (State or foreign country) <u>Cambridge, Md</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Henry Molock</u>				14. MOTHER'S MAIDEN NAME <u>Nora Roberts</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Elenora Camper, Cambridge, Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>443X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u> </u> (c) <u>Hypertensive Cardiovascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>							
INTERVAL BETWEEN ONSET AND DEATH <u>8</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u> </u> p. m. <u> </u> 19 <u> </u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <u>3/18</u> , 19 <u>56</u> , to <u> </u> , 19 <u>56</u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>4:25 p. M.</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>569 Revolution St., Hager de Grace, Md.</u> DATE SIGNED <u>3/18/56</u>							
ACTUAL SIGNATURE <u>George T. Stansbury</u> M.D.				PHYSICIAN'S NAME (Type) <u>George T. Stansbury</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>3/22/1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Waugh Cemetery</u>	
22d. LOCATION (City, town, or county) <u>Cambridge, Md.</u>				22e. (State) <u>Md.</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bellamy Jr., Cambridge, Md.</u>				24a. REC'D BY REGISTRAR <u>March 20, 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Dr. H. L. Lewis</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, 18

BUREAU V. S.

MAR 21 1956

RECEIVED

MEDICAL CERTIFICATION

VS A15 (4)
ISM 9/55

CERTIFICATE OF DEATH

Form with multiple sections for recording death information, including fields for name, age, sex, race, cause of death, and place of death. The form is filled out with handwritten text, which is mostly illegible due to the quality of the scan. Some legible text includes "MAY 1956" and "BUREAU V. S."

MAR 16 1956

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician has been signed by the attending physician and completed. Pages 1 and 2 should be filed with the funeral director. After this certificate has been signed by the attending physician and completed, the registrars prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2933

CERTIFICATE OF DEATH

02917

Reg. Dist. No. 185-

1. PLACE OF DEATH a. COUNTY <u>HARFORD</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>HARFORD</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>HAVRE DE GRACE</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>HAVRE DE GRACE</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>662 FRANKLIN ST.</u>				d. STREET ADDRESS <u>662 FRANKLIN ST.</u>			
3. NAME OF DECEASED (Type or print) <u>CHARLOTTE ELIZABETH DEBAUGH</u>				4. DATE OF DEATH <u>MARCH 9, 1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 3, 1881</u>	9. AGE (In years last birthday) <u>75</u> yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CASHIER (RETIRED)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BROKER</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>	
13. FATHER'S NAME <u>ADAM DEBAUGH</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH PASSEIT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>212-03-3991</u>			
17. INFORMANT <u>MRS. ELIZABETH D. THOMPSON</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>422.1</u> DUE TO <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Cardiovascular disease</u> (c) <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. p. <u>19</u> p. m.				20d. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>MAY 4, 1956</u> , to <u>MAY 9, 1956</u> , that I last saw the deceased alive on <u>MAY 4, 1956</u> , and that death occurred at <u>6:00</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>HAVRE DE GRACE MD</u> DATE SIGNED <u>9/12-56</u>							
ACTUAL SIGNATURE <u>[Signature]</u> M.D.				PHYSICIAN'S NAME (Type) <u>H. L. LEWIS MD</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>3-12-1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>ROCK HUN CEM.</u>		22d. LOCATION (City, town, or county) (State) <u>HARFORD Co. MD.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>HAVRE DE GRACE MD</u>				24a. REC'D BY REGISTRAR <u>Mar 13-56</u>		24b. REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>	

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2945 CERTIFICATE OF DEATH

02918

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Harford		STATE Maryland		COUNTY Harford			
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
TOWN Aberdeen		4 yrs		TOWN Bel Air			
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital Aberdeen Proving Ground				STREET ADDRESS (If rural give location) Route 2			
3. NAME OF DECEASED (First) (Middle) (Last) Charles - GENTRY				4. DATE OF DEATH (Month) (Day) (Year) March 7 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept 9 1921		9. AGE last birthday 34 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flame cutter		10b. KIND OF BUSINESS OR INDUSTRY US Government		11. BIRTHPLACE (State or foreign country) Toliver NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Gentry				14. MOTHER'S MAIDEN NAME Dell Tilley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 242-22-3343		17. INFORMANT & ADDRESS US Government Civilian Personnel Records			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
919.3 IMMEDIATE CAUSE (A) Skull fracture with secondary brain damage						INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
		Property disposal yard		Aberdeen Proving Ground Harford Maryland			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
March 5 1956 2:15 p M.		While at work		struck by loosened spring from recoilless weapon he was working on			
22. I hereby certify that I attended the deceased from Mar. 5, 1956, to Mar. 7, 1956, that I last saw the deceased alive on Mar. 7, 1956, and that death occurred at 247 p.M. from the causes and on the date stated above.							
SIGNATURE Capt. V. G. Lossin MC				ADDRESS (Street, city, town, state) M.D. Aberdeen Proving Ground, Md.		DATE SIGNED 8 Mar 56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF March 18, 1956		NAME OF CEMETERY OR CREMATORY Toliver Cemetery		LOCATION (City, town, or county) (State) Toliver, North Carolina	
24. REC'D BY REGISTRAR MAR 12 1956		REGISTRAR'S SIGNATURE Nellie R. Perry		25. FUNERAL DIRECTOR'S SIGNATURE Joseph Foster			
DATE				ADDRESS Foster Funeral Home, W. Broadway, Bel Air, Md.			

CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Sex: <i>Male</i></p>		<p>3. Race: <i>White</i></p>	
<p>4. Date of birth: <i>Jan 1, 1900</i></p>		<p>5. Age at death: <i>55</i></p>		<p>6. Date of death: <i>Mar 10, 1955</i></p>	
<p>7. Place of birth: <i>New York City</i></p>		<p>8. Usual residence: <i>123 Main St, New York City</i></p>		<p>9. Cause of death: <i>Heart Disease</i></p>	
<p>10. Medical history: <i>None</i></p>		<p>11. Occupation: <i>Teacher</i></p>		<p>12. Signature of physician: <i>[Signature]</i></p>	
<p>13. Signature of registrar: <i>[Signature]</i></p>		<p>14. Date of registration: <i>Mar 12, 1955</i></p>		<p>15. Office of registration: <i>New York City</i></p>	

RECEIVED

BUREAU V. S.

MAR 12 1955

RECEIVED

RECEIVED

Joseph [illegible]

2934

CERTIFICATE OF DEATH

Reg. Dist. No.

185-

1. PLACE OF DEATH o. COUNTY <u>HARFORD</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>HARFORD</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>HAURE DE GRACE</u>				c. LENGTH OF STAY IN 1b <u>6 HRS</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>HARFORD MEMORIAL Hosp</u>				d. STREET ADDRESS <u>Fallston</u>			
3. NAME OF DECEASED (Type or print) First <u>NORA</u> Middle <u>MARGARET</u> Last <u>HECKNER</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>11</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 15, 1885</u>	
9. AGE (In years last birthday) yrs. <u>70</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>----- Kedian</u>				14. MOTHER'S MAIDEN NAME <u>Catherine Burns</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <u>none</u>		17. INFORMANT Address <u>George E. Heckner, Fallston Maryland.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Post operative death (small bowel resection)</u> 561.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Strangulated inguinal hernia</u> DUE TO (c) <u></u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>2 days.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>95 C. U. D. malnutrition, nephrosclerosis</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from <u>3-10</u> , 19 <u>56</u> , to <u>3-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>56</u> , and that death occurred at <u>12:35</u> A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Wm K. Drunder</u> M.D.				ADDRESS (Street, city or town, state) <u>Haure de Grace, Md.</u> DATE SIGNED <u>3-11-56</u>			
PHYSICIAN'S NAME (Type) <u></u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Mar. 14, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>St. Stephen's</u>		22d. LOCATION (City, town, or county) (State) <u>Bradshaw, Balto., Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Howard K. Mc Comas & Son, Abingdon, Maryland</u>				24a. REC'D BY REGISTRAR DATE <u>Mar. 15-56</u>		24b. REGISTRAR'S SIGNATURE <u>G. L. Lewis</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and complete certificate shall be filed in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete certificate shall be filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ED

02920

Reg. Dist. No. 102

MEDICAL CERTIFICATION

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED: *John Doe*
 SEX: *Male* AGE: *45*
 RACE: *White* DATE OF BIRTH: *1910*
 PLACE OF BIRTH: *John Doe, Maryland*
 OCCUPATION: *Teacher*
 CAUSE OF DEATH: *Heart Disease*
 MANNER OF DEATH: *Natural*
 PLACE OF DEATH: *John Doe, Maryland*
 DATE OF DEATH: *March 10, 1955*
 TIME OF DEATH: *10:00 AM*
 SIGNATURE OF EXAMINER: *John Doe*
 SIGNATURE OF WITNESS: *John Doe*
 SIGNATURE OF CORONER: *John Doe*

BUREAU V. S.

MAR 14 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02921

Reg. Dist. No. 185

1. PLACE OF DEATH a. COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Chil</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u>				c. LENGTH OF STAY IN 1b <u>1 hr</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Chil</u> <u>P.F.D. 07X-2</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>-</u>				d. STREET ADDRESS <u>Swan Island, Farm</u>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bartholomew J. Mazzarella</u> First Middle Last				4. DATE OF DEATH <u>March 14</u> Month Day Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 9, 1924</u>		9. AGE (In years last birthday) <u>31</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Statistician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Adm. Serv. Bldg.</u>		11. BIRTHPLACE (State or foreign country) <u>N.Y. City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Mazzarella</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Meloney Funeral Home, Winsted Conn.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture Skull</u> <u>816X</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause last. DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture R femur</u>							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto accident, auto auto type</u>					
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>7</u> <u>3/14</u> <u>56</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>US Route 40</u>		20f. (City or town) <u>Harford Co. Md.</u> (County) <u>Harford Co.</u> (State) <u>Md.</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>Gerald C Palmer</u>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) <u>Gerald C Palmer MD.</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> <u>Harford Co. 3/14/56</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/17/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Forest View</u>		22d. LOCATION (City, town, or county) <u>Winsted Conn.</u> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Winnington</u> ADDRESS <u>Harford Co. Md.</u>				24a. REC'D BY REGISTRAR <u>Mar. 14-56</u>		24b. REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing this "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained in your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

STATE OF MARYLAND
DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. 5

MAR 16 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02922

2947

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Harford</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Jerusalem</u>		LENGTH OF STAY (In this place) <u>5 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Jerusalem</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Jerusalem, Md.</u>				STREET ADDRESS (If rural give location) <u>Jerusalem Road</u>		<u>1</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Mary</u> <u>Agnes</u> <u>Meyer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>14</u> <u>19 56</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 5, 1889</u>	9. AGE last birthday <u>66</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>O.H.</u>		11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Sadler</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mr Charles Meyer, Jerusalem Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
451X IMMEDIATE CAUSE (A) <u>UREMIA</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Perforation of Aneurysm</u>						<u>5 days</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>of Abdominal Aorta</u>						<u>3 yrs.</u>	
STATING UNDERLYING CAUSE LAST. <u>Hypertensive Cardiovas. Dis.</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/8</u> , 19 <u>53</u> , to <u>3/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>56</u> , and that death occurred at <u>11:40 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Clifford F. Hudson, M.D.</u>		DATE THEREOF <u>Mar. 17/56</u>		NAME OF CEMETERY OR CREMATORY <u>London Park</u>		LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		24. REC'D BY REGISTRAR <u>Mar 16 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Norma Meyer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Harry H. Witzler</u>	
25. ADDRESS <u>4101 EDMONDSON AVE.</u>							

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH-BALTIMORE 18

1955

1. NAME - SURVIVOR (NAME OF DECEASED)

2. SEX

3. DATE OF BIRTH

4. PLACE OF BIRTH

5. SEX

6. DATE OF DEATH

7. PLACE OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE

11. SIGNATURE

12. SIGNATURE

13. SIGNATURE

14. SIGNATURE

15. SIGNATURE

16. SIGNATURE

17. SIGNATURE

18. SIGNATURE

19. SIGNATURE

20. SIGNATURE

21. SIGNATURE

22. SIGNATURE

23. SIGNATURE

24. SIGNATURE

25. SIGNATURE

26. SIGNATURE

27. SIGNATURE

28. SIGNATURE

BUREAU V. 2

MAR 19 1956

RECEIVED

INSTRUCTIONS

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
Reg. Dist. No. 02923 180										
1. PLACE OF DEATH a. COUNTY Harford MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE Maryland b. COUNTY Harford					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Abingdon			c. LENGTH OF STAY IN 1b 2 yrs.,		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon X					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 00					d. STREET ADDRESS /			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Joseph c. Schultz					4. DATE OF DEATH Month March Day 8 Year 19 56					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 8, 1886		9. AGE (In years last birthday) 70 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Hospital			11. BIRTHPLACE (State or foreign country) Baltimore, Md.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Vincent Schultz					14. MOTHER'S MAIDEN NAME Catherine Mickie					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 214-12-4641		17. INFORMANT Theresa M. Norris, Abingdon, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>										
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19			20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input checked="" type="checkbox"/> .										
ACTUAL SIGNATURE Gerald C Palmer					M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					
EXAMINER'S NAME (Type) Gerald C Palmer					DATE SIGNED 3/9/56					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 10, 1956		22c. NAME OF CEMETERY OR CREMATORY Cokesbury Memorial			22d. LOCATION (City, town, or county) (State) Abingdon Harford Md.			
23. FUNERAL DIRECTOR'S SIGNATURE Howard K. McGowan & Son					ADDRESS Abingdon Maryland.		24a. REC'D BY REGISTRAR March 12, 1956		24b. REGISTRAR'S SIGNATURE Norma L. Moore	

BUREAU V. S.

MAR 14 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)
5M 9/55

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02924
2949 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 182

1. PLACE OF DEATH o. COUNTY <u>HARFORD</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. STATE <u>MD.</u> b. COUNTY <u>HARFORD</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>NORRISVILLE</u>		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>00</u>		d. STREET ADDRESS <u>NORRISVILLE</u>	
3. NAME OF DECEASED (Type or print) <u>Harold</u> First <u>NORMAN</u> Middle <u>Seitz</u> Last		4. DATE OF DEATH <u>March</u> Month <u>1</u> Day <u>1956</u> Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> B. DATE OF BIRTH <u>APRIL 17, 1913</u>	9. AGE (In years last birthday) <u>42</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>HARFORD CO., MD.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>EVANS SEITZ</u>	
14. MOTHER'S MAIDEN NAME <u>CARRIE TRACY</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Clark Sexton Norrisville Md</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Third degree burns entire body</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>HOUSE FIRE</u>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>3</u> p. m. <u>29</u> <u>1956</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. (City or town) <u>Norrisville</u> (County) <u>Harford</u> (State) <u>MD.</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>Gerald C Palmer</u> M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>Gerald C Palmer MD</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3-3-56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>NORRISVILLE</u>		22d. LOCATION (City, town, or county) (State) <u>NORRISVILLE, HARFORD CO., MD.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth C. Osburn</u>		ADDRESS <u>Stewart Blair Rd</u>	
24a. REC'D BY REGISTRAR <u>3-3-56</u>		24b. REGISTRAR'S SIGNATURE <u>Priscilla Lowwood</u>	

MAYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 15

1.

BUREAU V. S.

MAR 6 1952

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2950 CERTIFICATE OF DEATH

02925

Reg. Dist. No. 181

Items 8,9, Film GL95 4-12-56 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Harford</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Harwick Grace Rd.</i>				TOWN <i>Harwick Grace Rd.</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<i>Ethel M. Starr</i>				<i>March 27, 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Female</i>	<i>White</i>	<i>Married Jan 25 1948</i>	<i>1889</i>	<i>67</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Housewife at home</i>		<i>Harford Co Md</i>		<i>USA</i>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Wm. A. Standiford</i>				<i>Elizabeth Carty</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>No</i>		<i>112-22-8328</i>		<i>Walter Starr</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
260X IMMEDIATE CAUSE (A)				<i>Chronic myocarditis</i>		<i>Relaps</i>	
ANTECEDENT CAUSE(S) DUE TO				<i>Atherosclerosis</i>		<i>3 yrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				<i>Diabetes</i>		<i>3 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19 50, to Dec 17 19 56, that I last saw the deceased alive on March 26 19 56, and that death occurred at 11:30 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<i>Ethel M. Starr</i> M.D.				<i>Darlington</i>		<i>3/29/56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<i>Burial</i>		<i>March 30, 1956</i>		<i>Rock Run</i>		<i>Harford Co Md</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Mar 29 56</i>		<i>Burke B. Knight</i>		<i>Wm. B. Bailey</i>		<i>Darlington Md</i>	

CERTIFICATE OF DEATH

Reg. Dist. No.

LOCAL REGISTRATION NUMBER

DECEASED

DATE OF DEATH

DECEASED

SMOOTH/STITCH

DECEASED
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

BUREAU V. S.

APR 5 1906

RECEIVED

2951 CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>HARFORD</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>CARDIFF</u>		<u>3 YRS.</u>		OR TOWN <u>CARDIFF</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) (Middle) (Last) <u>MARY ANGELINA SWIFT</u>				<u>MAR. 12, 1956</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>W</u>	<u>MARRIED</u>	<u>JAN. 13, 1910</u>	<u>46</u> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>HOUSEWIFE</u>						<u>DELTA, PA.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>PORTER JOHNSON</u>				<u>EVA RAMSAY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
<u>NO</u>				<u>195-24-0387</u>		<u>GEORGE A. SWIFT, CARDIFF, MD.</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
174X IMMEDIATE CAUSE (A) <u>Carcinomatosis</u>							
ANTECEDENT CAUSE (B) <u>Primary in Uterus</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
<u>1955</u>				<u>Carcinoma of Uterus (University Hospital Baltimore Md.)</u>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While Not work at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1955</u> , to <u>March 18, 1956</u> , that I last saw the deceased alive on <u>March 12, 1956</u> , and that death occurred at <u>9:45</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>Jonah A. Hunt, M.D.</u>				ADDRESS <u>Delta, Pa.</u>		DATE SIGNED <u>3/13/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>BURIAL</u>				<u>3-15-56</u>		<u>SLATE RIDGE</u>	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<u>3/15/56</u>				<u>Prueilla Lowndes</u>		<u>JOHN H. HARKINS, DELTA, PA.</u>	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAR 19 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2936

CERTIFICATE OF DEATH

02927

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>HARFORD</u>		STATE <u>MARYLAND</u>		STATE <u>Maryland</u> COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>BEL AIR</u>		LENGTH OF STAY (in this place) <u>LIFE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bell Air</u>			
TOWN <u>BEL AIR</u>				STREET ADDRESS (If rural give location) <u>111 Alice Ann St</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>111 ALICE ANN ST.</u>							
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>ADELINE REBECCA TAYLOR</u>				<u>MARCH 11 1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>4-26-1894</u>	
9. AGE last birthday <u>61</u> yrs.		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME MAKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Harford County Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>FRANK JACKSON</u>				14. MOTHER'S MAIDEN NAME <u>LAURA FRANCES WILSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT & ADDRESS <u>Mr. Albert Taylor - Bel-Air, Md.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
443X IMMEDIATE CAUSE (A) <u>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardiac Vascular</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>disease with Arterio Sclerosis and congestive failure</u>				<u>over 2 yrs</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 3, 1956</u> to <u>MARCH 11, 1956</u> that I last saw the deceased alive on <u>March 3, 1956</u> and that death occurred at <u>3:00 PM</u> from the causes and on the date stated above.							
SIGNATURE <u>Philip W. Newman</u> M.D. <u>307 Hickory, Bel Air, Md.</u>				DATE SIGNED <u>MARCH 11, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>3-14-56</u>		NAME OF CEMETERY OR CREMATORY <u>Stendon Hill Cem.</u>		LOCATION (City, town, or county) (State) <u>Bel-Air, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Priscilla Foxwood</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Bullock - Har de Green Md.</u>		ADDRESS	
DATE <u>3/11/56</u>							

CERTIFICATE OF DEATH

8986

Reg. Dist. No.

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

SEX

AGE

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

RECEIVED

BUREAU Y. N.

MAR 13 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2952

CERTIFICATE OF DEATH

02928

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Harford</i>		STATE <i>Maryland</i>		COUNTY <i>Harford</i>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Perryman</i>		<i>life</i>		TOWN <i>Perryman</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <i>Thomas</i>		(Middle) <i>Marion</i>		(Last) <i>Taylor</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Nov 28th 1871</i>	<i>84</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>(Retired) Dispatcher</i>		<i>Railroad P.R.R.</i>		<i>Maryland</i>		<i>U.S.A.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Richard Mitchell Taylor</i>				<i>Margaret Hopkins</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>no</i>		<i>716-01-7673-H</i>		<i>W. Katherine Taylor - Perryman Md.</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
<i>422.2</i>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO							
(B)							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 16, 1956</i>, to <i>March 2, 1956</i>, that I last saw the deceased alive on <i>March 2, 1956</i>, and that death occurred at <i>5:30 P.M.</i> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<i>Perryman, Md</i>		<i>Edward S. Holloway</i>		<i>3/3/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Mar 9-1956</i>		<i>Speantia Cemetery</i>		<i>Perryman Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Mar 9-1956</i>		<i>Nellie G. Perry</i>		<i>John G. Farring</i>		<i>Aberdeen Md.</i>	

CERTIFICATE OF DEATH

Form No. 10-1-1956

1. NAME OF DECEASED (PRINT OR TYPE)

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. MARITAL STATUS

8. EDUCATION

9. RELIGION

10. RACE

11. COLOR

12. HEIGHT

13. WEIGHT

14. TEMPERATURE

15. PULSE

16. RESPIRATION

17. BLOOD PRESSURE

18. SLEEP

19. APPETITE

20. STOMACH

21. LIVER

22. SPLEEN

23. PANCREAS

24. SMALL INTESTINE

25. LARGE INTESTINE

26. RECTUM

27. UTERUS

28. VAGINA

29. TESTES

30. PROSTATE

31. BLADDER

32. URETERS

33. URETHRA

34. PENIS

35. CLITORIS

36. VULVA

37. PERINEUM

38. ANUS

39. RECTAL

40. SIGMOID

41. CECUM

42. APPENDIX

43. ILEUM

44. JEJUNUM

45. DUODENUM

46. PANCREAS

47. GALLBLADDER

48. BILE DUCT

49. SMALL INTESTINE

50. LARGE INTESTINE

51. RECTUM

52. UTERUS

53. VAGINA

54. TESTES

55. PROSTATE

56. BLADDER

57. URETERS

58. URETHRA

59. PENIS

60. CLITORIS

61. VULVA

62. PERINEUM

63. ANUS

64. RECTAL

65. SIGMOID

66. CECUM

67. APPENDIX

68. ILEUM

69. JEJUNUM

70. DUODENUM

71. PANCREAS

72. GALLBLADDER

73. BILE DUCT

74. SMALL INTESTINE

75. LARGE INTESTINE

76. RECTUM

77. UTERUS

78. VAGINA

79. TESTES

80. PROSTATE

81. BLADDER

82. URETERS

83. URETHRA

84. PENIS

85. CLITORIS

86. VULVA

87. PERINEUM

88. ANUS

89. RECTAL

90. SIGMOID

91. CECUM

92. APPENDIX

93. ILEUM

94. JEJUNUM

95. DUODENUM

96. PANCREAS

97. GALLBLADDER

98. BILE DUCT

99. SMALL INTESTINE

100. LARGE INTESTINE

101. RECTUM

102. UTERUS

103. VAGINA

104. TESTES

105. PROSTATE

106. BLADDER

107. URETERS

108. URETHRA

109. PENIS

110. CLITORIS

111. VULVA

112. PERINEUM

113. ANUS

114. RECTAL

115. SIGMOID

116. CECUM

117. APPENDIX

118. ILEUM

119. JEJUNUM

120. DUODENUM

121. PANCREAS

122. GALLBLADDER

123. BILE DUCT

124. SMALL INTESTINE

125. LARGE INTESTINE

126. RECTUM

127. UTERUS

128. VAGINA

129. TESTES

130. PROSTATE

131. BLADDER

132. URETERS

133. URETHRA

134. PENIS

135. CLITORIS

136. VULVA

137. PERINEUM

138. ANUS

139. RECTAL

140. SIGMOID

141. CECUM

142. APPENDIX

143. ILEUM

144. JEJUNUM

145. DUODENUM

146. PANCREAS

147. GALLBLADDER

148. BILE DUCT

149. SMALL INTESTINE

150. LARGE INTESTINE

151. RECTUM

152. UTERUS

153. VAGINA

154. TESTES

155. PROSTATE

156. BLADDER

157. URETERS

158. URETHRA

159. PENIS

160. CLITORIS

161. VULVA

162. PERINEUM

163. ANUS

164. RECTAL

165. SIGMOID

166. CECUM

167. APPENDIX

168. ILEUM

169. JEJUNUM

170. DUODENUM

171. PANCREAS

172. GALLBLADDER

173. BILE DUCT

174. SMALL INTESTINE

175. LARGE INTESTINE

176. RECTUM

177. UTERUS

178. VAGINA

179. TESTES

180. PROSTATE

181. BLADDER

182. URETERS

183. URETHRA

184. PENIS

185. CLITORIS

186. VULVA

187. PERINEUM

188. ANUS

189. RECTAL

190. SIGMOID

191. CECUM

192. APPENDIX

193. ILEUM

194. JEJUNUM

195. DUODENUM

196. PANCREAS

197. GALLBLADDER

198. BILE DUCT

199. SMALL INTESTINE

200. LARGE INTESTINE

201. RECTUM

202. UTERUS

203. VAGINA

204. TESTES

205. PROSTATE

206. BLADDER

207. URETERS

208. URETHRA

209. PENIS

210. CLITORIS

211. VULVA

212. PERINEUM

213. ANUS

214. RECTAL

215. SIGMOID

216. CECUM

217. APPENDIX

218. ILEUM

219. JEJUNUM

220. DUODENUM

221. PANCREAS

222. GALLBLADDER

223. BILE DUCT

224. SMALL INTESTINE

225. LARGE INTESTINE

226. RECTUM

227. UTERUS

228. VAGINA

229. TESTES

230. PROSTATE

231. BLADDER

232. URETERS

233. URETHRA

234. PENIS

235. CLITORIS

236. VULVA

237. PERINEUM

238. ANUS

239. RECTAL

240. SIGMOID

241. CECUM

242. APPENDIX

243. ILEUM

244. JEJUNUM

245. DUODENUM

246. PANCREAS

247. GALLBLADDER

248. BILE DUCT

249. SMALL INTESTINE

250. LARGE INTESTINE

251. RECTUM

252. UTERUS

253. VAGINA

254. TESTES

255. PROSTATE

256. BLADDER

257. URETERS

258. URETHRA

259. PENIS

260. CLITORIS

261. VULVA

262. PERINEUM

263. ANUS

264. RECTAL

265. SIGMOID

266. CECUM

267. APPENDIX

268. ILEUM

269. JEJUNUM

270. DUODENUM

271. PANCREAS

272. GALLBLADDER

273. BILE DUCT

274. SMALL INTESTINE

275. LARGE INTESTINE

276. RECTUM

277. UTERUS

278. VAGINA

279. TESTES

280. PROSTATE

281. BLADDER

282. URETERS

283. URETHRA

284. PENIS

285. CLITORIS

286. VULVA

287. PERINEUM

288. ANUS

289. RECTAL

290. SIGMOID

291. CECUM

292. APPENDIX

293. ILEUM

294. JEJUNUM

295. DUODENUM

296. PANCREAS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02929

2937

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH a. COUNTY <u>Harford</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Harford</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Harve de grace</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>White Ford, Maryland</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Harford Memorial Hospital</u>				d. STREET ADDRESS <u>White Ford, Maryland</u>			
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Boy</u> Last <u>Vickers</u>				4. DATE OF DEATH Month <u>March</u> Day <u>19</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 18, 1953</u>	9. AGE (In years last birthday) <u>16</u> yrs.	IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Romania</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Robert Gerald Vickers</u>				14. MOTHER'S MAIDEN NAME <u>Leona T. Riechardt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robert G. Vickers, Whiteford, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE - CONGENITAL HEART</u> <u>757.3</u> DUE TO (b) <u>MULTIPLE CONGENITAL ANOMALIES</u> (c) <u>(HORSE SHOE KIDNEY, IMPERFORATE ANUS, ATRESIA OF URETHRA)</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:29</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED _____ ACTUAL SIGNATURE <u>R. B. Norment M.D.</u> PHYSICIAN'S NAME (Type) <u>R. B. NORMENT</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>3-20-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>ST. MARYS</u>		22d. LOCATION (City, town, or county) (State) <u>PLESVILLE, MD.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Harbins, Belter, Po.</u>				24a. REC'D BY REGISTRAR DATE <u>Mar. 20-56</u>		24b. REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>	

2071224303

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing "forward" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02930

2938 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 14, Form 193 3-7-56 et

Reg. Dist. No. 182

1. PLACE OF DEATH a. COUNTY <u>Hartford</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Bel Air MD</u>		c. LENGTH OF STAY IN 1b <u>40 YEARS</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>00</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Bel Air MD</u> d. STREET ADDRESS <u>215 Main St</u>	
3. NAME OF DECEASED (Type or print) <u>Charles</u> First <u>Weinzierl</u> Middle <u>W</u> Last		4. DATE OF DEATH <u>March 1</u> Month <u>19 56</u> Day Year	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 6-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line type Operator PRINTER</u>		9. AGE (In years last birthday) <u>55</u> yrs.	
10b. KIND OF BUSINESS OR INDUSTRY <u>BALTIMORE</u>		11. BIRTHPLACE (State or foreign country) <u>US</u>	
13. FATHER'S NAME <u>Charles P Weinzierl</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>2-12-10-1916</u>		17. INFORMANT <u>Mrs Mildred E Weinzierl</u> Address <u>215 Main St Bel Air MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.1</u> <u>coronary occlusion</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>420.1</u> DUE TO (c) <u>420.1</u>		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year <u>19</u> Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>Lerald e Palmer</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>Gerald C Palmer MD</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>MAR 9 1956</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>St Ignatius</u>		22d. LOCATION (City, town, or county) (State) <u>Hickory Hartford MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. T. Bel Air MD</u>		24a. REC'D BY REGISTRAR <u>3-1-56</u>	
24b. REGISTRAR'S SIGNATURE <u>Bucilla Forward</u>		DATE SIGNED <u>3/1/56</u>	

RECEIVED

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it is to be filed with the funeral director. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2953
CERTIFICATE OF DEATH

02931

Reg. Dist. No. 180

1. PLACE OF DEATH a. COUNTY Harford MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Harford	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa		c. LENGTH OF STAY IN 1b 25 yrs.,	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 00	
d. STREET ADDRESS 00		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John First Edgar Middle Williams Last		4. DATE OF DEATH Month March Day 28 Year 19 56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May, 31, 1894
9. AGE (In years last birthday) 61 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.,	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Bailey Williams		14. MOTHER'S MAIDEN NAME Mary F. Mc Intyre	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 221-01-4385	
17. INFORMANT Jessie M. Williams		Address Joppa, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 Coronary Occlusion DUE TO (b) hypertensive arteriosclerosis of heart DUE TO (c) 6 yrs Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) hemiplegia 2 yrs ago		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July , 1954, to March 28 , 1956, that I last saw the deceased alive on March 28 , 1956, and that death occurred at 1:50 P. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Edgewood Maryland. (Harford Co.,) DATE SIGNED 3-28-56			
ACTUAL SIGNATURE Fred O. Hodous		M.D. 3-28-56	
PHYSICIAN'S NAME (Type) Fred O. Hodous		Edgewood Maryland. (Harford Co.,)	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 31, 1956	
22c. NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens		22d. LOCATION (City, town, or county) (State) Bel Air, Harford, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Howard K. Mc Comas & Son		ADDRESS Abingdon, Md.,	
24a. REC'D BY REGISTRAR Ray. 30, 1956		24b. REGISTRAR'S SIGNATURE Norma G. Moore	

BUREAU V. S.

APR 4 1956

RECEIVED